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Marcia A. Mueller (Signature)

**FROM: Marcia A. Mueller** (Typed or printed name of person signing Certificate)

Fax No. 513-626-3004

Phone No. 513-626-0885

Listed below are the item(s) being submitted with  
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Number of Pages Including this Page: 14

- 1) Amendment Transmittal Form  
Original + Copy (2 pages)
- 2) Preliminary Amendment (11 pages)
- 3)
- 4)
- 5)

Inventor(s): Deborah A. Vargo et al.  
S.N.: 10/815,918  
Filed: April 1, 2004  
Case: 9602

Comments:

**\*\*Note:** Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.

IN THE UNITED STATES PATENT & TRADEMARK OFFICE  
PRELIMINARY AMENDMENT

Mail Stop Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a PRELIMINARY AMENDMENT for the patent application:

Application No. : 10/815,918  
Applicant(s) : Deborah A. Vargo et al.  
Filed : 1 April 2004  
Title : Disposable Absorbent Article Having Side Seams and A Wetness Sensation Member  
TC/A.U. : Unknown  
Examiner : Unknown  
Conf. No. : Unknown  
Docket No. : 9602  
Customer No. : 27752

1. ☐ No additional fees (claims fees or extension fees) are known to be required.
2. ☒ The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA*	RATE	FEE
TOTAL	* 42	MINUS	** 20	= 22	x \$18 =	\$396.00
INDEP.	" 8	MINUS	*** 4	= 4	x \$86 =	\$344.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$290 =	\$0.00
					TOTAL	\$740.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

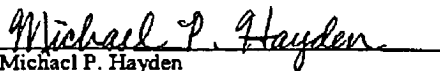
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.

- a. ☒ Any patent application processing fees under 37 CFR §1.16.
- b. ☒ Any patent application processing fees under 37 CFR §1.17.

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Date: 12 May 2004  
Customer No. 27752  
(9602.Transamd.doc)

  
Michael P. Hayden  
Registration No. 48,433  
Tel. No. (513) 626-5800

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE  
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